

FILED

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CLERK US DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

BY CP DEPUTY

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

Karl Smith  
United State  
Postal Service  
2538 Midway  
San Diego, Ca 92110

Civil No. 07 CV 1964 IEG

NLS

REQUEST FOR APPOINTMENT OF  
COUNSEL UNDER THE CIVIL RIGHTS  
ACT OF 1964, 42 U.S.C. 2000e 5(f)(1);  
DECLARATION IN SUPPORT OF  
REQUEST

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

☒ my claim is meritorious (that is, I have a good case), and

B. I have made a reasonably diligent effort to obtain counsel, and

C. I am unable to find an attorney willing to represent me on terms that I can afford.

2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

Yes

No

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE  
 2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B  
 3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"  
 5 determination?

6 ☐ Yes ☐ No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the  
 8 Commission's determination? Be specific and support your objections with fact. Do not simply  
 9 repeat the allegations made in your complaint; the court will review your complaint in considering this

10 request for counsel. PLAINTIFF: KARL SMITH FOR ONE year now  
 11 I KARL SMITH arrive at the Postal Box and open  
 12 IT AND RECIEVE adulterated mail.

13 I KARL SMITH talk to Postal service about the  
 14 situation But no action or motion was taken.  
 15 Now this a new year! I KARL SMITH the Plaintiff  
 16 is RECIEVEING the same adulterated mail  
 17 this is a illegal act standard under the U.S.  
 18 constitution!

19 The Defendants Should not put this kind  
 20 of mail inside of the Plaintiff: KARL SMITH  
 21 P.O. Box, can a cause of action for Failure  
 22 to protect from a know risk of harm be established  
 23 by showing that the Defendants is negligent?  
 24 I KARL SMITH Should have Due care standard  
 25 UNDER the U.S. constitution Protection law?  
 26 I KARL SMITH need a counsel for motion  
 27 action For Due Process OF Law!

28 (Attach additional sheets as needed)

4. Have you talked with any attorney about handling your claim?

☐ Yes ☒ No

If "YES," give the following information about each attorney with whom you talked:

Attorney: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

How (by telephone, in person, etc.): \_\_\_\_\_

Why attorney was not employed to handle your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

How (by telephone, in person, etc.): \_\_\_\_\_

Why attorney was not employed to handle your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attorney: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

How (by telephone, in person, etc.): \_\_\_\_\_

Why attorney was not employed to handle your claim: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach additional sheets as needed)

1 5. Explain any other efforts you have made to contact an attorney to handle your claim:

2 None

3  
4  
5  
6 6. Give any other information which supports your application for the court to appoint an  
7 attorney for you:  
8  
9  
10  
11

12 7. Give the name and address of each attorney who has represented you in the last 10 years  
13 for any purpose: None  
14  
15  
16  
17  
18

19 (Attach additional sheets as needed)

20 8. I cannot afford to obtain a private attorney. The details of my financial situation are listed  
21 below:

22 A. Employment

23 Are you employed now? \_\_\_ yes ☒ no \_\_\_ am self-employed

24 Name and address of employer: None  
25  
26  
27  
28

1 If employed, how much do you earn per month? NONE

2 If not employed, give month and year of last employment: "N" "A"

3 How much did you earn per month in your last employment? "N" "A"

4 If married, is your spouse employed? yes ☒ no

5 If "YES," how much does your spouse earn per month? "N" "A"

6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly  
7 income? \_\_\_\_\_

8  
9 **B. Assets**

10 (i) Other Income

11 Have you received within the past 12 months any income from a business, profession or other  
12 form of self-employment, or in the form of rent payments, interest, dividends, retirement of annuity  
13 payments or other sources? yes ☒ no

14 If "YES," give the amount received and identify the sources:

15 \$ Received

Source

16 NONE

27  
28 (Attach additional sheets as necessary)

(ii) Cash

Have you any cash on hand or money in savings or checking accounts? \_\_\_ yes X no

If "YES," state total amount: NONE

(iii) Property

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? \_\_\_ yes X no

If "YES," give value and describe it:

Value

Description

NONE

C. Obligations and Debts(i) Dependents

Your marital state is: X single \_\_\_ married \_\_\_ widowed, separated or divorced.

Your total number of dependents is: NONE

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/Relationship

Monthly Support Payment

NONE

(ii) Debts and Monthly Bills

List all creditors, including banks, loan companies and charge accounts, etc.

<u>Creditor</u>	<u>Total Debt</u>	<u>Monthly Payment</u>
Rent: <u>NONE</u>		
Mortgage		
on Home: <u>NONE</u>		
Others: <u>NONE</u>		

9.

Signature

*Karl Smith*

I declare under penalty of perjury that the above is true and correct.

Dated:

10/10/07

*Karl Smith*  
Signature

(Notarization is not required)